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|---|---|------------------|--|--|--------|--------|
| <b>SCC eFile</b>  | <b>2012 ANNUAL REPORT</b><br><b>COMMONWEALTH OF VIRGINIA</b><br><b>STATE CORPORATION COMMISSION</b> | <b>212532275</b> |  |  |        |        |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:<br/> <b>MAZZETTI NASH LIPSEY BURCH, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br/> <b>CORPORATION SERVICE COMPANY</b><br/> <b>Bank of America Center, 16th Floor</b><br/> <b>1111 East Main Street</b></p> <p><b>RICHMOND, VA 23219</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>9/30/2012</b></p> <p>SCC ID NO: <b>F1436247</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> </div> </div> |   |                  | CLASS  | AUTHORIZED   | COMMON | 10,000 |
| CLASS   | AUTHORIZED  |                  |  |  |        |        |
| COMMON  | 10,000  |                  |  |  |        |        |
| <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br/> <b>RICHMOND CITY</b></p>  |   |                  |  |  |        |        |
| <p>4.) STATE OR COUNTRY OF INCORPORATION:<br/> <b>CA</b></p>  |   |                  |  |  |        |        |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 530 BUSH ST STE 300</p> <p style="text-align: center;">CITY/ST/ZIP: SAN FRAN, CA 94108</p>   |   |                  |  |  |        |        |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>   |   |                  |  |  |        |        |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN M PAPPAS<br/> TITLE: SECRETARY<br/> ADDRESS: 530 BUSH ST STE 300<br/> CITY/ST/ZIP/CO: SAN FRAN, CA 94108 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>  |   |                  | NAME: JOHN M PAPPAS<br>TITLE: SECRETARY<br>ADDRESS: 530 BUSH ST STE 300<br>CITY/ST/ZIP/CO: SAN FRAN, CA 94108        | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |        |        |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WALTER N VERNON<br/> TITLE: PRESIDENT<br/> ADDRESS: 530 BUSH ST STE 300<br/> CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94108 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>  |   |                  | NAME: WALTER N VERNON<br>TITLE: PRESIDENT<br>ADDRESS: 530 BUSH ST STE 300<br>CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94108 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR            |        |        |
| NAME: WALTER N VERNON<br>TITLE: PRESIDENT<br>ADDRESS: 530 BUSH ST STE 300<br>CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94108  | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR                       |                  |  |  |        |        |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DARRYL WANDRY<br/> TITLE: TREASURER<br/> ADDRESS: 530 BUSH ST STE 300<br/> CITY/ST/ZIP/CO: SAN FRAN, CA 94108 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>   |   |                  | NAME: DARRYL WANDRY<br>TITLE: TREASURER<br>ADDRESS: 530 BUSH ST STE 300<br>CITY/ST/ZIP/CO: SAN FRAN, CA 94108        | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR            |        |        |
| NAME: DARRYL WANDRY<br>TITLE: TREASURER<br>ADDRESS: 530 BUSH ST STE 300<br>CITY/ST/ZIP/CO: SAN FRAN, CA 94108   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR                       |                  |  |  |        |        |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KARL ATTEBERRY<br/> TITLE: DIRECTOR<br/> ADDRESS: 520 SW SIXTH AVENUE<br/> CITY/ST/ZIP/CO: PORTLAND, OR 97204 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>   |   |                  | NAME: KARL ATTEBERRY<br>TITLE: DIRECTOR<br>ADDRESS: 520 SW SIXTH AVENUE<br>CITY/ST/ZIP/CO: PORTLAND, OR 97204        | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR            |        |        |
| NAME: KARL ATTEBERRY<br>TITLE: DIRECTOR<br>ADDRESS: 520 SW SIXTH AVENUE<br>CITY/ST/ZIP/CO: PORTLAND, OR 97204   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR                       |                  |  |  |        |        |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEVE BURCH<br/> TITLE: DIRECTOR<br/> ADDRESS: 3322 WEST END AVENUE<br/> CITY/ST/ZIP/CO: NASHVILLE, TN 37203 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>  |   |                  | NAME: STEVE BURCH<br>TITLE: DIRECTOR<br>ADDRESS: 3322 WEST END AVENUE<br>CITY/ST/ZIP/CO: NASHVILLE, TN 37203         | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR            |        |        |
| NAME: STEVE BURCH<br>TITLE: DIRECTOR<br>ADDRESS: 3322 WEST END AVENUE<br>CITY/ST/ZIP/CO: NASHVILLE, TN 37203  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR                       |                  |  |  |        |        |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID EVANS<br/> TITLE: DIRECTOR<br/> ADDRESS: 2100 SW RIVER PARKWAY<br/> CITY/ST/ZIP/CO: POTLAND, OR 97201 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>   |   |                  | NAME: DAVID EVANS<br>TITLE: DIRECTOR<br>ADDRESS: 2100 SW RIVER PARKWAY<br>CITY/ST/ZIP/CO: POTLAND, OR 97201          | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR            |        |        |
| NAME: DAVID EVANS<br>TITLE: DIRECTOR<br>ADDRESS: 2100 SW RIVER PARKWAY<br>CITY/ST/ZIP/CO: POTLAND, OR 97201   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR                       |                  |  |  |        |        |

|  |  |                                  |  |
|--|--|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | JON INMAN<br>DIRECTOR<br>530 BUSH STREET<br>SUITE 300<br>SAN FRANCISCO, CA 94108             | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | PETI JONES-THOMPSON<br>DIRECTOR<br>12727 FEATHERWOOD DRIVE<br>SUITE 285<br>HOUSTON, TX 77034 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | JOHN KARMIRIS<br>DIRECTOR<br>530 BUSH ST STE 300<br>SAN FRANCISCO, CA 94108                  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | EDWARD SPIVEY LIPSEY<br>DIRECTOR<br>3322 WEST END AVENUE<br>SUITE 620<br>NASHVILLE, TN 37203 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | CHRIS POLAND<br>DIRECTOR<br>235 MONTGOMERY STREET<br>SUITE 500<br>SAN FRANCISCO, CA 94104    | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | TOM PRIDE<br>DIRECTOR<br>520 SW SIXTH AVENUE<br>PORTLAND, OR 97204                           | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.  |  |                                  |  |
| /s/ DARRYL WANDRY  |  | DARRYL WANDRY, TREASURER         |  |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  |  | PRINTED NAME AND CORPORATE TITLE |  |
|  |  | 8/23/2012                        |  |
|  |  | DATE                             |  |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. |  |                                  |  |